STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation S.D. SEC. of STATE

Return to: Secretary of State, 500 f	E. Capitol, Flette, 3D 37301	
1. TITLE OF NEWSPAPER SOND DE KOYA M.	ail	2. DATE 9-22-06
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS 52	The state of the s	NNUAL SUBSCRIPTIONS &
4 COMPLETE MATTING ADDRESS OF KNOWN OFFICE OF		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) D D B (217) - D L (17) - C 367		
(Not printers) POBOX 367 - Plankinton SD 57368 -0367		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER: Gayle Any Van Genderen and John Paul Studeny, or		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and		
addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
C. la An il C. la 1 Toh P.	yle Ann Van Genderen und John Paul Studeng JF Plankinton, 80 5-7318	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
None		
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED
	MONTHS MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	950	950
B.PAID AND/OR REQUESTED CIRCULATION		
 Sales through dealers and carriers, street vendors and counter sales. 	30	(3)
2. Mail Subscription		
(Paid and or requested)	950	8-51
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	000	0 6 2
(Sum of 9B1 and 9B2)	800	0 0
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	٠	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE		
COPIES	21	21
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	201	884
F. COPIES NOT DISTRIBUTED	1101	6.6
1. Office use, left over, unaccounted, spoiled after printing	71	9.9
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	950	950
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Co-owner Joblishun		
Co-owner / ownorm		
(Signature) V	(Title)	
State of South Dakota)	Sworn to before me this 2 day of 20 ch	
State of South Dakota)	- 30 mila 7774 (224	
County of thereact)	Notary Public	
(Seal)	My commission expires: <u> </u>	

Form: SOS REC 051 7/2004

PAMELA M. VISSIA
Aurora County, SD
My Commission Expires September 3, 2010